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County Agency Efforts to Assure Provider and Program Quality in Community Based Residential Facilities and Adult Family Homes

Each year, county long-term support agencies develop updates to their COP Plans. In addition to basic information they provide every year, they are asked to respond to areas that the Bureau of Aging and Long Term Care Resources has a particular interest in that year. For 2004, the area of interest was quality, and counties were asked how they assure quality care and support in the three most typical residential settings: Community Based Residential Facilities (CBRFs), Adult Family Homes (AFHs) and individual homes.

The responses in the COP Plan Update produced a wealth of information. Many creative approaches are in place and being developed to assure quality in these settings. The purpose of this report is to share these approaches and ideas with county long-term support agencies.

Contracting

- ❖ To assist in minimizing conflict later, many counties thoroughly review the contract with the provider. Where quality criteria are incorporated, counties meet with providers to review the standards together, and discuss expectations of both parties.
- ❖ In order to use COP/COP-W/CIP-II funding, quality standards are required to be incorporated into the contract with the facility. Many counties have also done so with other provider types such as AFHs, RCACs, or home-care providers.
- ❖ Some counties require in their contracts that the provider involve the care manager and guardian or involved family member in the development and review of the facility Individual Service Plan (ISP).
- ❖ Counties are reducing or withholding payments, ending or failing to renew contracts, and moving participants from facilities that fail to meet contract requirements.
- ❖ For validated complaints, many counties require providers to develop a plan of correction with the county, incorporating a timeframe. One county commented that the corrective action is added to the contract.
- ❖ Since counties place only one or a few program participants in each AFH, they frequently incorporate individual needs and expectations into the AFH contracts.

- ❖ Counties that contract with the same provider can benefit from working together. The provider will appreciate the consistency. For example, counties can negotiate a common rate or have similar quality standards.
- ❖ Counties might include expectations for direct care workers that would enhance quality of care.

Monitoring

- ❖ Counties can use the model care manager quality assessment tool or other tools to evaluate the performance of the facility.
- ❖ Some counties have developed detailed forms and procedures for care managers to use in documenting their observations. Examples include: a checklist instructing care managers to monitor quality by observation related to the quality criteria, review resident satisfaction surveys, BQA surveys, reports and complaints, residents' charts, and documentation submitted by CBRFs with sample questions to ask for each section. Counties also provide space to document special, positive findings such as best practices, interesting activities or events, and special staff efforts in addition to problems.
- ❖ One county has a Residential Quality Assurance Committee that makes unannounced visits to observe each facility in general, rather than just making visits to individual program participants.
- ❖ Counties with nurses on staff use them to evaluate the quality criteria in particular facilities. This creates another set of eyes and ears, those that may have a somewhat different perspective.
- ❖ Several counties conduct more frequent than required (monthly) face-to-face visits between care managers and all of their participants in substitute care arrangements. Several agencies require monthly care manager visits to participants in AFHs as well as CBRFs. Others increase visits if there are problems or complaints.
- ❖ Some supervisors and contract managers now make monitoring visits in addition to care managers.
- ❖ One agency reported that they have created a Residential Unit to focus on placements, licensing, certification, and quality assurance, and they also have a Residential Services Review Panel to review placements. Members from various disciplines within the agency review all target groups in all types of placements.
- ❖ Many counties mentioned using the county Adult Protective Services unit to assist when problems arise. This is particularly useful in county-certified 1-2 bed AFHs, where the state Bureau of Quality Assurance does not have jurisdiction.
- ❖ One county described an Alternate Care Team and an Alternate Care Supervisor who conducts monthly provider meetings.
- ❖ One county said they build other people into individual service plans to visit adult family home residents or take them out into the community. This assures another set of eyes and ears helping to monitor their living situations.
- ❖ Counties mentioned using the Adult Family Home Best Practice Manual developed by the Wisconsin Association of Adult Family Care Coordinators (WAAFCC). (A copy of the manual is available in each county.)
- ❖ Some agencies use the Quality Assurance Tool (QAT) developed by WAAFCC to provide ongoing assessment of quality. (Can be found in the AFH Best Practice Manual).
- ❖ Some counties require care managers to meet with program participants outside of their Adult Family Homes in order to have candid conversations with the individual about their living arrangement.

- ❖ Many counties have their adult family home coordinator make regular visits as well as care managers. The coordinators monitor for contract compliance, and care managers monitor residents' quality of life.
- ❖ Some counties mentioned that observations by people in the community and word-of-mouth communicate a lot about providers in a small county.
- ❖ In addition to their own efforts to assure quality, the county agencies utilize others when dealing with complaints or serious problems. A number of excellent resources were mentioned including regulators from the Bureau of Quality Assurance, staff from the Ombudsman Program, adult protective services workers, law enforcement, adult family home coordinators, the lead long term support coordinator, the adult services supervisor or county director, staff from TMG, BDDS, and BALTCR, guardians, family members and friends.

County Processes

- ❖ Several counties invite CBRF providers to regular meetings with long-term support county staff to help everyone get to know one another and clarify the roles of care managers and the expectations of the agencies.
- ❖ Some counties share care manager findings and observations at meetings, and they summarize their findings in feedback to the CBRFs.
- ❖ Counties refer all licensing issues to the Bureau of Quality Assurance.
- ❖ In a few agencies, a contract coordinator follows through on all problems identified by care managers and makes sure that corrective action plans are carried out.
- ❖ Some agencies report making real efforts to look for earlier and better opportunities to discuss options with participants and help them to take a harder look at moving from their homes.
- ❖ Some reported broadening their thinking to include observing for quality indicators and positive outcomes for participants as well as compliance with contracts and licensing standards.
- ❖ In one county, the business office had negotiated contracts and monitored for compliance. Now, care managers and their program supervisors do this.
- ❖ Many counties conduct satisfaction surveys each year. Some counties have residents/participants complete these, others have care managers complete them, some do both!
- ❖ Several counties provide handbooks, training and/or recognition for quality providers; some have gotten Community Links awards to fund these efforts initially.
- ❖ One county arranges lengthy trial visits before placements.
- ❖ One county sends out a quarterly newsletter to all providers to inform them of changes, training opportunities and other happenings.
- ❖ Where possible, counties have care managers spend a lot of time up-front in trying to make good matches between direct support workers and participants.
- ❖ In several counties, the Long-Term Support Committee members each visit with at least one participant annually to assess satisfaction.
- ❖ In one county, all participants are the employers of independent providers. The county agency assists with training, using the Supportive Home Care Training Manual and video developed with Links funds, investigating complaints, and locating new providers.
- ❖ Some counties have a written complaint resolution process and maintain documentation of all problems.

Facility Processes

- ❖ Providers invite case managers to meetings, including bi-annual meetings to develop and revise the facility ISP.
- ❖ Some communicate regularly with the case manager. Some share the ISP, notes, and other records.